

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>je</i>	<i>5-5</i>	<i>4-5</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
5	6/17/02
6	4/15/02
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50	4/15/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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